

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	1					
18	1					
19		1				
20		1				
21		1				
22		1				
23		1				
24	2					
25	2					
26	2					
27	1					
28	1					
29	2					
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	24					
TOTAL CLAIMS	28					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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TOTAL DEP.												
TOTAL CLAIMS												